

## Chapter

### 3

## QUALITY ASSURANCE

For community-based services, the Division of Mental Health (DMH) is purchaser and oversight body, rather than direct service provider. As such, it is highly concerned with the quality of services offered by the providers with which it contracts. The Mission Statement states that the Division will ensure that Indiana citizens have access to appropriate mental health and addiction services that promote individual self-sufficiency. One of the strategies employed to accomplish this mission is the setting of standards of quality care for the provision of addictions and mental health services. To this end, several quality assurance efforts have been conducted over this biennium.

### Site Visits to Managed Care Providers

The enrollment and service data submitted by the managed care providers (MCPs) is analyzed periodically to examine patterns of service delivery and utilization. Any MCPs whose data fall far outside the norm are considered outliers and their information is then scrutinized more closely. For example, if the number of enrollments for a given agreement type is well beyond what would be expected, the enrollment and assessment data for individuals is examined in detail to ensure that these individuals were indeed enrolled in the appropriate category.

Service data is also reviewed for potential inaccuracies and to assure that the proper level of service is being provided to an individual based on their clinical profile. This would include consideration of such factors as diagnosis, level of functioning and living situation. If there are enrollment or service figures that appear questionable, a site visit and review by DMH staff is conducted. The review varies based on the situation, but is most often prompted by either a need to check the validity of enrollment information or to respond to a consumer inquiry.



## KPMG Audits

Two instruments are used to assess a client's level of functioning and to help determine correct enrollment category for the client in the Hoosier Assurance Plan (HAP). These are the Hoosier Assurance Plan Instrument for Adults (HAPI-A) and the Child and Adolescent Functioning Assessment Scale Miniscale Version (CAFAS - Miniscale Version) for children. To help ensure the integrity and reliability of these instruments, the Division has contracted with KPMG Peat Marwick to conduct annual audits.

KPMG audits half of the providers each year and all new providers. The larger providers are generally audited annually, and a provider who does poorly on an audit will be audited again the following year. A KPMG team, including a clinically trained auditor, reviews a statistically valid sample of charts. They look at all enrollment data sent to the Division. Most importantly, they read the clinical record to ensure that the information in the chart supports the assessment instrument scores. Since the audits began, the error rate has decreased each year, with the most dramatic improvement being seen between the first and second years. See **Figure 1**.

Rate	HAPI-A Error Rate	CAFAS Miniscale Error Rate
SFY 1997	37%	51%
SFY 1998	16%	14%
SFY 1999	15%	12%

**Figure 1**

As the HAP moves toward a payment system based on risk-adjusted rates for enrollment categories, it is even more important to have reliable assessment instruments to accurately determine an individual's level of functioning and thus the correct payment category. The quality assurance audits provide a good measure of that reliability. In SFY 2001, the audits will be expanded to include service data.

## Provider Profile Report Cards

DMH continues to publish annual provider profile report cards, which demonstrate the level of consumer satisfaction with the services received. To



date, five annual report cards have been published, with a sixth scheduled for the third quarter, 2000. Based on the results of an annual phone survey of approximately 4,000 consumers conducted by the Indiana University Center for Survey Research, these reports contain information on the experiences of consumers with individual MCPs who provide mental illness, addiction and serious emotional disturbance services. These reports assist consumers who are seeking services, as well as providers who can use the data to evaluate the effectiveness of their programs and identify opportunities for improvement within their operations. The report cards are available to the behavioral health community and to the general public as well.

## Consumer Service Line

The Marion County Mental Health Association (MCMHA) staffs a consumer service line for persons receiving services from DMH contracted providers. The line is available Monday through Friday from 8:30 a.m. to 5:00 p.m. The number is 800-901-1133 (Voice and TDD). It was initiated in 1994 in response to mental health reform legislation as an easy, cost-free mechanism to give consumers direct access to the Division to register feedback about services received. This telephone line continues to provide useful information regarding consumers' perception of their treatment. The Division uses the call information to respond and intervene when needed to assist both consumers and MCPs in understanding and resolving disputes. See **Figure 2**.

